POVERTY	POINT	Reser	VAIR DISTRICT	(Entity Name)
1 11 .	RICHO			_(City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

Ms. Gayle Fransen **Engagement Manager** Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended 6-30-20 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Officer's Signature

MIKE MARTIN PRESIDENT

Officer's Name, Title

**Enclosures** 

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS

## **Affidavit and Revenue Certification**

Parish State  Revised Statute 24:514 to be filed with the The certification of revenues of \$75,000 or J)(1)(c)(i)(aa).  MIKE MATIN			
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The certification of revenues of \$75,000 or J)(1)(c)(i)(aa).  **********************************			
financial statements herewith given present LISTRAT (enter entity name) as of ults of operations for the year then ended, in			
ipanying ilitancial statements.			
(Complete if applicable) In addition, Nike Marriw , (officer name), who, duly sworn, deposes and says that Resolven Dismor (entity name) received \$75,000 or less in revenues and other sources for the year ended, and accordingly, is not required to have an audit for the previously mentioned year.			
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ignature , 20 Zo.			
Troy Quinn Richards Notary Public Notary Number 16447 Richland Parish, Louisiana			
Troy Quinn Richards Notary Public Notary Number 16447 Richland Parish, Louisiana  Please Complete This Section			
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Troy Quinn Richards Notary Public Notary Number 16447 Richland Parish, Louisiana  Please Complete This Section  Name Title			
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ults of operations for the year then ended on panying financial statements.  ), who, duly sworn, deposes and says to \$75,000 or less in revenues and ot			

POPERTY	POINT	Reserveir	DEVIDET
(Agency Nam	e)		

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Zent	\$ 5400	\$	\$
2. Permits	2.5		
3. OTHER	1455		
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 6880	\$	\$
DISBURSEMENTS (Provide Brief Description):	A constituent of	•	
7. IN SURANCE	\$ 6586	_	_ \$
8. OFFICE	198		
9. TEPARES	4356		***************************************
10. UTLITIES 11.	43300		***************************************
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 11265	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$( <i>4385</i> >	\$	\$
15. Fund Balance at beginning of year	\$ 15710	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)			
This amount also goes on line 12, Statement B	\$ 11325	_ <u> </u>	

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

POVERTY	DOINT	RESER	MIN	DETRICT
(Agency Name)				
Balance Sheet, (Year-End)	on <u>6-</u>	30-20		

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$ 9874	<u>\$ 269433</u>	\$ 279307
2. Investments (fair value) on hand			
<ol><li>Office furnishings (Cost of desks, etc)</li></ol>		1329	<u> 1329</u>
4. Equipment (Cost of fax machine, etc) I M Prove Mari	1-2	9079	9079
5. Other (brief description) アスクタル レジ	1861	2.79	2140
6. Total Assets (add lines 1 - 5)	\$ 11735	\$ 280120	\$ 29,1855
LIABILITIES AND FUND BALANCE (at year-end):  7. Liabilities (give brief description): Accres Expenses.  8.  9.  10.	\$ 411	<u>\$</u>	\$ /
11. Total Liabilities (add lines 7 - 10)	***************************************		**************************************
12. Fund balance (amount from Line 16 on Statement A)	11324	280120	291444
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$11735	\$2 60120	\$ 29/855

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

POURETU POUNT RESPRION DISTRECT (AG	(Agency Name)
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Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended <i>6 つっ</i> つ (Ye	ar-End)
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Agency Head Name and Title:\_\_\_\_\_

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
6. Benefits-other (describe)	6.
7. Car allowance	7.
8. Vehicle provided by government (if reported on your W-2)	8.
9. Per diem	9.
10. Reimbursements	10.
11. Travel	11.
12. Registration fees	12.
13. Conference travel	13.
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of line 1-17)	18.

Mark Davis D

Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)